

RESOLUTION
DESIGNATION OF APPLICANT'S AGENT
 North Carolina Division of Emergency Management

Organization Name (hereafter named Organization) <i>Chatham County</i>	Disaster Number: <i>FEMA 4285 DR NC</i>
Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate):	
Applicant's Fiscal Year (FY) Start Month: <i>07</i> Day: <i>01</i>	
Applicant's Federal Employer's Identification Number <i>56-6000284</i>	
Applicant's Federal Information Processing Standards (FIPS) Number	

PRIMARY AGENT	SECONDARY AGENT
Agent's Name <i>Vicki McConnell</i>	Agent's Name <i>Hope Tally</i>
Organization <i>Chatham County</i>	Organization <i>Chatham County</i>
Official Position <i>Deputy County Manager / Finance Officer</i>	Official Position <i>Financial Operations Manager</i>
Mailing Address <i>P.O. Box 608</i>	Mailing Address <i>P.O. Box 608</i>
City, State, Zip <i>Pittsboro NC 27312</i>	City, State, Zip <i>Pittsboro NC 27312</i>
Daytime Telephone <i>919 542-8213</i>	Daytime Telephone <i>919 545 8471</i>
Facsimile Number	Facsimile Number
Pager or Cellular Number	Pager or Cellular Number

BE IT RESOLVED BY the governing body of the Organization (a public entity duly organized under the laws of the State of North Carolina) that the above-named Primary and Secondary Agents are hereby authorized to execute and file applications for federal and/or state assistance on behalf of the Organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93-288 as amended) or as otherwise available. BE IT FURTHER RESOLVED that the above-named agents are authorized to represent and act for the Organization in all dealings with the State of North Carolina and the Federal Emergency Management Agency for all matters pertaining to such disaster assistance required by the grant agreements and the assurances printed on the reverse side hereof. BE IT FINALLY RESOLVED THAT the above-named agents are authorized to act severally. PASSED AND APPROVED this day of , 20 .

GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title	Name
Name and Title	Official Position
Name and Title	Daytime Telephone

CERTIFICATION

I, _____, (Name) duly appointed and _____ (Title) of the Governing Body, do hereby certify that the above is a true and correct copy of a resolution passed and approved by the Governing Body of _____ (Organization) on the _____ day of _____, 20 .

Date: _____ Signature: _____

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